

Lake Carroll Ski Club

Membership Form

Year: _____



Name: _____

Mailing Address: _____

City/St/Zip: _____ **LC Sec/Lot:** _____

Phone: Primary _____ **Lake** _____

Email address: _____

List additional family members on back of this application.

\$20/Family Annually

2018-01-17 ba/dmb

List immediate family members included in this Membership:

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

\$20/Family Annually
Make checks payable to Lake Carroll Ski Club
Return form & annual dues to:

Barb Anderson
31-3 Lake Carroll Blvd
Lake Carroll, IL 61046